

County Child Care Fraud Plan Calendar Year 2012
Due February 28, 2012

Please summarize your agency's fraud plan in accordance with the template below. You may fill in the template provided, or supply an attachment detailing the same information requested.

If your agency is participating in a consortium and subcontracts for fraud investigations and overpayment calculations, please include instruction given by your agency to the contracted agent or signed contract in regards to specified instructions to ensure the agent is performing the actions and quality assurance measures required by contract.

Instructions: Fill out the template below with the appropriate information. Click in the grey boxes to type response. Double click in the square boxes and click checked.

| | |
|--|--------------------|
| Agency: | Date: |
| 2012 Fraud Allocation: \$ | |
| Part of fraud consortium? Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, which one? |
| Please attach the following forms if your agency is part of a fraud consortium: | |
| Contract <input type="checkbox"/> | |
| Detailed responsibilities for both agency and consortium <input type="checkbox"/> | |
| Blank client and provider Referral Form <input type="checkbox"/> | |

Agency Fraud Contact

| | |
|-----------------|------------------|
| Name: | Position: |
| E-mail: | Phone: |
| Address: | |

Below are the details of the FFY 2011 fraud prevention/detection activity

| | |
|--|--|
| 2011 Fraud Allocation: \$ | Amount Spent: \$ |
| # of provider cases investigated: | # of client cases investigated: |
| Dollar amount of PROVIDER overpayments entered: \$ | Dollar amount of CLIENT overpayments entered: \$ |
| Amount recouped: \$ | Amount recouped: \$ |

List any Shares related training (group/individual/in-house) that were attended during the calendar year of 2011

| |
|-------------------------------|
| Name(topic) of Training: |
| Name of Trainer: |
| Date of training: |
| Staff who attended/positions: |
| |
| |

| |
|-------------------------------|
| Name (topic) of Training: |
| Name of Trainer: |
| Date of training: |
| Staff who attended/positions: |
| |
| |

Please name staff dedicated to program integrity efforts. Include all full and /or partial positions. This includes efforts for front end monitoring, quality assurance, fraud detection, overpayment calculations and pursuits of fraud. An organizational chart is optional.

| Name | Position | FT/PT |
|------|----------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

WEBI reporting for your agency

| |
|--|
| Does your agency use WEBI reports for program monitoring? |
| <p>If yes, who in your agency has access to child care subsidy web reports (WEBI) Please list name and position</p> |
| <p>What WEBI reports are used within your agency as relating to child care and program integrity monitoring?</p> |

Client Related Program Integrity Efforts

Describe your agencies' **FRONT END MONITORING SYSTEM**. This includes any screening during the client eligibility process to ensure proper processing for the client's child care authorization. Please include a narrative statement describing each bullet.

- Number of staff responsible for front end monitoring
- Systems used to ensure program integrity
- Any process used to verify information is correct and client is receiving appropriate benefits
- If your agency uses an error prone profile, please include a copy

Please include any agency related forms that are used.

- Shared placement/custody documentation
- Work schedule
- School schedule (2 year limit for higher education)

Examples of front end monitoring:

- 1) Additional employment verification (form to fill out-days/hours of employment)
- 2) Custody agreements/placement documentation
- 3) During authorization process double checking provider's authorizations, compliance and ability to care for this child(ren)-hours/days care provided
- 4) Monitoring attendance report forms to ensure hours are being used properly during documented hours and days
- 5) Parent is made aware the ramifications of not reporting changes timely and reporting false information to worker. Parent realizes there may be a overpayment if found to have violated Shares provisions.

Documents Attached Yes ☐ No ☐

Please describe the **REFERRAL INTAKE PROCESS** for possible client fraud, client ineligibility or possible overpayment recoupment needs.

- Outline staff involved/informational flow
- Describe tracking system used
- Substantiation of referral process
- What qualifies for further internal or external investigation
- Include any reports or documentation materials used

DRAFT

Documents Attached Yes ☐ No ☐

Outline the steps for **A CASE REFERRAL** for an internal, external or subcontracted investigation for a client.

- What pre-investigation measures are taken by the internal/external agency to ensure the complete case is being investigated?
- Supply copies of any forms used for the referral
- Agencies are responsible for actions taken on their behalf. What follow up does your agency take to ensure the case was handled properly?

DRAFT

Documents Attached Yes ☐ No ☐

Outline how client cases are generally **INVESTIGATED**.

Include explanation for

- General protocol
- Specific data systems/programs used
- Reports utilized
- Investigative techniques used
 - Interviews
 - Surveillance
 - Eligibility confirmation
 - Etc.

DRAFT

Documents Attached Yes ☐ No ☐

Calculation of **OVERPAYMENTS**

- Who is responsible for calculating client overpayments?
- Who (position) enters this into the BV system?
- Attach or explain any additional documentation that may be sent out to clients on behalf of your agency regarding their overpayment
- Who represents the agency at a fair hearing?

DRAFT

Documents Attached Yes ☐ No ☐

Provider Related Program Integrity Efforts

Describe your agencies' **FRONT END MONITORING SYSTEM**. This includes any monitoring during the authorization process, attendance entry/CCPI monitoring, system checks, Please include a narrative statement describing each bullet.

- Number of staff responsible for front end monitoring
- Systems used to ensure program integrity
- Any process used to verify information is correct

Please include any agency related forms that are used.

Examples of front end monitoring:

1) System Monitoring

- CSAW
- ECF

2) Authorizations

- ages of children
- is provider a recipient
- more than 6 children authorized for certified provider
- more than 12 children authorized for LFAM
- provides care on days needed (weekends, nights)

3) Monitoring attendance report forms

- under utilization
- holiday hours/attendance
- daily attendance patterns
- completeness

Documents Attached Yes ☐ No ☐

Please describe the **REFERRAL INTAKE PROCESS** for possible provider fraud or overpayment recoupment needs.

- Outline staff involved/informational flow
- Describe tracking system used
- Substantiation of referral process
- What qualifies for further internal or external investigation
- Include any reports or documentation materials used

DRAFT

Documents Attached Yes ☐ No ☐

Outline the steps for **A CASE REFERRAL** for an internal, external or subcontracted investigation for a provider.

- What pre-investigation measures are taken by the internal/external agency to ensure the complete case is being investigated?
- Supply copies of any forms used for the referral
- Agencies are responsible for actions taken on their behalf. What follow up does your agency take to ensure the case was handled properly?

DRAFT

Documents Attached Yes ☐ No ☐

Outline how provider cases are generally **INVESTIGATED**.

Include explanation for

- General protocol
- Specific data systems/programs used
- Reports utilized
- Investigative techniques used
 - Onsite Visits
 - Record collection
 - Interviews
 - Surveillance
 - Attendance confirmation/review
 - Etc.

DRAFT

Documents Attached Yes ☐ No ☐

Calculation of **OVERPAYMENTS**

- Who is responsible for calculating provider overpayments?
- What calculation tools are used?
- Who (position) enters this into CSAW?
- Attach or explain any additional documentation that may be sent out to providers on behalf of your agency regarding their overpayment
- Who represents the agency at a fair hearing?

DRAFT

Documents Attached Yes ☐ No ☐

Please describe any **corrective action** procedures that may be put in place for providers who have violated the Wisconsin Shares program

For example:

- provider meetings
- training opportunities
- Agency refusal in accordance to Chapter 3.6.14

Please e-mail or mail a copy of your fraud plan to your regional coordinator

Any questions, please call Emily Woger or your regional coordinator at the corresponding number

Department of Children and Families:

Emily Woger at emily.woger@wisconsin.gov
(608)266-8992
201 E. Washington Ave.
Room E200
Madison, WI 53708

Northeast Region:

Barb Honsa at barbara.honsa@wisconsin.gov
(920)448-6592
200 N. Jefferson
Suite 525
Green Bay, WI 54301

Northern Region:

Kara Vander Bloomen at kara.vanderbloomen@wisconsin.gov
(715)365-2565
2187 North Stevens
Suite C
Rhinelander, WI 54501

Southeast Region:

Nancy McVary, SRO
Jefferson
Walworth

Carla Sumner, WRO
Waukesha

Barb Honsa, NERO
Washington
Ozaukee

Kara Vander Bloomen, NRO
Kenosha
Racine

Southern Region:

Nancy McVary nancy.mcvary@wisconsin.gov
(608)267-7097
1 West Wilson St.
Room 639
Madison, WI 53707

Western Region:

Carla Sumner at carla.sumner@wisconsin.gov
(715)836-6767
610 Gibson Street
Suite 2
Eau Claire, WI 54701